## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (871)-273-2885

					771)-275-2005			
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used correspondence includi ed below or directed of tions.	for training the	Smitting the ISS Patent, advance of in Block 1, by (	UE FEE and PUBLICA riders and notification of a) specifying a new con	TION FEE (if requirements of the control of the con	uired). I will be s; and/or	Blocks I through 5 s mailed to the current (b) indicating a sep	hould be completed when correspondence address a arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
2292	7590 11/1	72009		h	ive its own certificati	e of mai	ling or transmission.	
BIRCH STEWART KOLASCH & BIRCH, LLP PO BOX 747 FALLS CHURCH, VA 22040-0747					I hereby certify that this Feed of Mailing or Transmission I hereby certify that this Feed of Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (371) 273-2885, on the date indicated below.			
				Γ				(Depositor's name)
								(Signature)
								(Date)
APPLICATION NO.	CATION NO. FILING DATE			FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/586,047 07/14/2006				Takeki Yoshimura 0994-0249PUS1 2447				
TITLE OF INVENTION	OIL RECONVERSION	1 DEV	ICE FOR WASTE	PLASTICS				
APPLN, TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	n man 1	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES		\$755	\$300	\$0	S.L.	\$1055	02/17/2010
EXAM	NFR		ART UNIT	CLASS-SUBCLASS	۳ -		41033	02/1//2010
NGUYEN, HUY TRAM			1797	422-198000	J			
1. Change of correspondence address or indication of "Fee Address" (37					the patent front page, list BIRCH, STEWART, KOLASCH &			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Address form P1O/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2 registered patent attorneys or agents. If no name is 3				
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO B	E PRINTED ON T	THE PATENT (print or ty	/pe)			
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE  1) TAKEKI YOSHIMURA; 2) ATUSHI YOSHIMURA;  (B) RESIDENCE: (CITY and STATE OR COUNTRY) 1) NAGANO-SHI, JAPAN; 2) TOKYO, JAPAN;								
<ol><li>SHINICHI YOSHII</li></ol>		3) NAGANO-SHI, JAPAN; 4) TOKYO, JAPAN; &						
5) MAKIKO YOSHIMURA 5) NAGANO-SHI, JAPAN Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government								
4a. The following fee(s) as	re submitted:		4b	Payment of Fee(s): (Ple	ase first reapply an	v previ	ously naid issue fee s	hown shove)
☐ A check is enclosed.								
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies4				The Director is hereby authorized to charge the <u>pupiled</u> fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-2-48 (enclose an extra copy of this form).				
				overpayment, to Dep	sit Account Number	02-2	448 (enclose an	extra copy of this form).
5. Change in Entity State	s (from status indicated SMALL ENTITY statu:			D				
				b. Applicant is no los				
NOTE: The Issue Fee and nterest as shown by the re	conds of the United Stat	s Pate	t and Trademark	Office.	un apparent, a regia	MCICO at	torney or agent, or the	assignee or other party in
Authorized Signature	11			-	Date Februar	ry 16, 2	010	
Typed or printed name darmes M. Slattery				# 43,368			,380	
this collection of informat in application. Confidentia ubmitting the completed his form and/or suggestion 30x 1450, Alexandria, Vir Alexandria, Virginia 2231: Index the Panerwork Redu				n is required to obtain or .14. This collection is es depending upon the indi Chief Information Offic OMPLETED FORMS T		ne public ninutes t mments fradema . SEND	which is to file (and to complete, including on the amount of tim ark Office, U.S. Depar TO: Commissioner for	by the USPTO to process) gathering, preparing, and e you require to complete timent of Commerce, P.O. or Patents, P.O. Box 1450,